

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Syed Z. Salahuddin
 Title: PREPARATION OF REPLICATING
 MACROPHAGES AND USE IN
 DIAGNOSIS AND THERAPY
 Appl. No.: Unknown
 Filing Date: Unknown
 Examiner: Unknown
 Art Unit: Unknown

CERTIFICATE OF EXPRESS MAILING
 I hereby certify that this correspondence is being deposited with the United States Postal Service's "Express Mail Post Office To Addressee" service under 37 C.F.R. § 1.10 on the date indicated below and is addressed to: Commissioner for Patents, Washington, D.C. 20231.

EL 796239893 US November 16, 2001
 (Express Mail Label Number) (Date of Deposit)

Pridge McDougall
 (Printed Name)
 (Signature)

**UTILITY PATENT APPLICATION
 TRANSMITTAL**

Commissioner for Patents
 Box PATENT APPLICATION
 Washington, D.C. 20231

Sir:

Transmitted herewith for filing under 37 C.F.R. § 1.53(b) is the nonprovisional utility patent application of:

Syed Z. Salahuddin, of Ventura, California

☒ Applicant claims small entity status under 37 CFR 1.27.

Enclosed are:

- ☒ Specification, Claim(s), and Abstract (25 pages)
☒ Informal drawings (2 sheets, Figures 1-2)
☒ Return Postcard

The filing fee is calculated below:

	Claims as Filed	Included in Basic Fee	Extra Claims	Rate	Fee Totals
Basic Fee				\$740.00	\$740.00
Total Claims:	38	20	18	x \$18.00	\$324.00
Independents:	2	3	0	x \$84.00	\$0.00
If any Multiple Dependent Claim(s) present:				+ \$280.00	\$0.00
				SUBTOTAL:	\$1064.00
<input checked="" type="checkbox"/> Small Entity Fees Apply (subtract 1/2 of above):					\$532.00
				TOTAL FILING FEE:	\$532.00

- [X] A check in the amount of \$532.00 to cover the filing fee is enclosed.
- [] The required filing fees are not enclosed but will be submitted in response to the Notice to File Missing Parts of Application.
- [X] The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 50-0872. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 50-0872.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date: November 16, 2001

By: _____

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